ST. CROIX HEALTH CENTER 1445 NORTH 4TH STREET

NEW RICHMOND 540	17 Phone: (715) 246-6991	-	Ownership:	County
Operated from 1/1 T	o 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunctio	n with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up	and Staffed (12/31/02):	102	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Ca	pacity (12/31/02):	126	Title 19 (Medicaid) Certified?	Yes
Number of Residents o	n 12/31/02:	91	Average Daily Census:	87

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care				Age Groups	%		35.2
Supp. Home Care-Personal Care	No					1 - 4 Years	35.2
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	7.7		29.7
Day Services	No	Mental Illness (Org./Psy)	24.2	65 - 74	11.0		
Respite Care	No	Mental Illness (Other)	13.2	75 - 84	34.1		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	45.1	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	13.2	95 & Over	2.2	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2.2			Nursing Staff per 100 R	esidents
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	7.7	65 & Over	92.3		
Transportation	No	Cerebrovascular	4.4			RNs	16.4
Referral Service	No	Diabetes	3.3	Sex	용	LPNs	6.1
Other Services	No	Respiratory	5.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	19.8	Male	29.7	Aides, & Orderlies	45.4
Mentally Ill	Yes			Female	70.3	1	
Provide Day Programming for			100.0			I	
Developmentally Disabled	Yes				100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other		: :	Private Pay			amily Care		I	Managed Care			
Level of Care	No.	୍ଚ	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	 3	4.7	145	0	0.0	0	2	10.5	150	0	0.0	0	1	100.0	150	6	6.6
Skilled Care	7	100.0	343	54	84.4	123	0	0.0	0	17	89.5	145	0	0.0	0	0	0.0	0	78	85.7
Intermediate				3	4.7	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				4	6.3	186	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.4
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		64	100.0		0	0.0		19	100.0		0	0.0		1	100.0		91	100.0

ST. CROIX HEALTH CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of		_	sistance of	% Totally	Number of					
Private Home/No Home Health	22.5		Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	0.0		76.9	23.1	91					
Other Nursing Homes	5.4	Dressing	17.6		59.3	23.1	91					
Acute Care Hospitals	66.7	Transferring	23.1		46.2	30.8	91					
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.1		52.7	24.2	91					
Rehabilitation Hospitals	0.0	Eating	51.6		35.2	13.2	91					
Other Locations	5.4	*******	*****	*****	*****	******	*****					
Total Number of Admissions	111	Continence		8	Special Treat	ments	%					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.5	Receiving R	espiratory Care	3.3					
Private Home/No Home Health			nt of Bladder	54.9	Receiving T	racheostomy Care	2.2					
Private Home/With Home Health	13.8	Occ/Freq. Incontiner	nt of Bowel	19.8	Receiving S	uctioning	0.0					
Other Nursing Homes	3.7	_			Receiving O	stomy Care	1.1					
Acute Care Hospitals	7.3	Mobility			Receiving T	ube Feeding	2.2					
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.4	Receiving M	echanically Altered Diets	34.1					
Rehabilitation Hospitals	0.0	1			_	_						
Other Locations	12.8	Skin Care			Other Residen	t Characteristics						
Deaths	26.6	With Pressure Sores		4.4	Have Advance	e Directives	53.8					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	109				Receiving P	sychoactive Drugs	24.2					
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This		ernment	100	-199	Ski	lled	Al		
	Facility		Group		Group		Group		lities	
	96	90	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	68.2	83.8	0.81	85.7	0.80	85.3	0.80	85.1	0.80	
Current Residents from In-County	80.2	84.4	0.95	81.9	0.98	81.5	0.98	76.6	1.05	
Admissions from In-County, Still Residing	24.3	35.0	0.69	20.1	1.21	20.4	1.19	20.3	1.20	
Admissions/Average Daily Census	127.6	74.2	1.72	162.5	0.78	146.1	0.87	133.4	0.96	
Discharges/Average Daily Census	125.3	75.8	1.65	161.6	0.78	147.5	0.85	135.3	0.93	
Discharges To Private Residence/Average Daily Census	62.1	24.2	2.57	70.3	0.88	63.3	0.98	56.6	1.10	
Residents Receiving Skilled Care	92.3	86.6	1.07	93.4	0.99	92.4	1.00	86.3	1.07	
Residents Aged 65 and Older	92.3	83.9	1.10	91.9	1.00	92.0	1.00	87.7	1.05	
Title 19 (Medicaid) Funded Residents	70.3	76.6	0.92	63.8	1.10	63.6	1.11	67.5	1.04	
Private Pay Funded Residents	20.9	17.1	1.22	22.1	0.94	24.0	0.87	21.0	0.99	
Developmentally Disabled Residents	4.4	3.2	1.37	0.9	4.79	1.2	3.72	7.1	0.62	
Mentally Ill Residents	37.4	56.1	0.67	37.0	1.01	36.2	1.03	33.3	1.12	
General Medical Service Residents	19.8	14.6	1.36	21.0	0.94	22.5	0.88	20.5	0.97	
Impaired ADL (Mean)	49.9	49.6	1.01	49.2	1.01	49.3	1.01	49.3	1.01	
Psychological Problems	24.2	61.4	0.39	53.2	0.45	54.7	0.44	54.0	0.45	
Nursing Care Required (Mean)	5.9	6.4	0.92	6.9	0.85	6.7	0.88	7.2	0.82	